

KEM Hospital Research Centre Pune, Vadu Rural Health Program (VRHP)
Vadu Health and Demographic Surveillance System (Vadu HDSS)
In-migration Registration Form

Interview start time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs)		
Q0001	Type of event	01 Migrants from outside Vadu HDSS area 02 Migrants from within Vadu HDSS area (<i>either from one village to another or from one wadi to another and/ or new person in home</i>)
Q0002	Name of the respondent (<i>Respondent should be head of the household or an adult member of the household who has household information</i>)	_____
Q0003	Household number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Village Wadi Household number
Q0004	Name of head of the household Village name Wadi name Land mark Phone number	_____ _____ _____ _____
Q0005	In migration Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q006	Reason for migration	01 Work/Employment 02 Education 03 Marriage

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		04 Change/shift of house 05 Household separation 06 Separated from partner or death of partner 07 Other (<i>specify</i>) _____
Q007	In migration from	Name of the place/ village _____ Wadi name _____
Q008	In migration to	Village name _____ Wadi name _____

Individual Household Member Details

Sr. No.	Name	Relationship with household head (*)	Date of Birth	Sex 01 Male 02 Female 03 Other	Education (#)	Marital status (\$)	Occupation <i>(Please write the code from Annexure 1 that best describes the occupation)</i>
01	Name: _____ PID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 08 02 09 03 10 04 11 05 12 06 88 07	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 02 03	01 02 03 04 05 06 07	01 04 02 05 03 06	_____

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02	Name: _____ PID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 07 02 08 03 09 04 10 05 11 06 12 88	□□/□□/□□□□	01 02 03	01	02	01 04		_____
03	Name: _____ PID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 07 02 08 03 09 04 10 05 11 06 12 88	□□/□□/□□□□	01 02 03	01	02	01 04		_____
04	Name: _____ PID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 07 02 08 03 09 04 10 05 11 06 12 88	□□/□□/□□□□	01 02 03	01	02	01 04		_____
05	Name: _____ PID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 07 02 08 03 09 04 10 05 11 06 12 88	□□/□□/□□□□	01 02 03	01	02	01 04		_____

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06	Name: _____	01 07	□□/□□/□□□□	01	01	02	01	04	_____
		02 08		02	03	04	02	05	
	PID □□□□□□□□□□□□□□	03 09		03	05	06	03	06	
	CID □□□□□□□□□□□□□□	04 10			07				
		05 11							
		06 12							
		88							
07	Name: _____	01 07	□□/□□/□□□□	01	01	02	01	04	_____
		02 08		02	03	04	02	05	
	PID □□□□□□□□□□□□□□	03 09		03	05	06	03	06	
	CID □□□□□□□□□□□□□□	04 10			07				
		05 11							
		06 12							
		88							

***Relationship with household head:** (01) self (02) spouse (husband/wife) (03) son/daughter (04) son-in-law/daughter-in-law (05) grandson/grand-daughter (06) father/mother (07) father-in-law/mother-in-law (08) brother/sister (09) step/Co wife (10) grandfather/grandmother (11) Other relationship (*Specify*) (12) No relation, but friends/servants/paying guest (88) Don't know/Can't say

#Education: (01) less than primary (02) completed primary (03) completed secondary (04) completed higher secondary (05) completed graduation (06) completed post-graduation (07) Illiterate

\$Marital status: (01) married (02) remarried (03) separated (04) divorced (05) widow/widower (06) unmarried

Interview end time: □□:□□ (24 hrs)

Interviewer name: _____ Signature: _____ Date: □□/□□/□□□□

Data entry by: _____ Signature: _____ Date: □□/□□/□□□□

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